

NAVY-MARINE CORPS RELIEF SOCIETY

Pre-Authorization Form

PLEASE TYPE OR PRINT

SSN _____ SERVICE MEMBER _____
(Name – last, first, middle initial)
RATE/RANK _____ ETS _____ PRD _____

MILITARY MAILING ADDRESS:

AUTHORIZATION VALID BETWEEN _____ AND _____
(Not to exceed 12 months) (Month/Year) (Month/Year)

AMOUNT AUTHORIZED _____
(Not to exceed \$2,500.00)

TO: NAVY-MARINE CORPS RELIEF SOCIETY GULFPORT
SUBJ: AUTHORIZATION FOR ASSISTANCE TO DEPENDENTS

1. During the period I am deployed, I authorize my spouse, _____, and my dependents to receive necessary financial assistance without my specific approval.
2. I will be notified of assistance provided either by message or letter. If the assistance provided was in the form of a loan, I will be responsible for arranging repayment by allotment. I am responsible for returning the signed allotment form to Navy-Marine Corps Relief Society Gulfport.
3. All assistance provided to my dependents will depend on the policies of the Navy-Marine Corps Relief Society. This authorization does not establish a line of credit at NMCRS for my dependents.

Date: _____

Signed _____

Witness _____